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| Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series REHABILITATION CENTER MANUAL | SUBCHAPTER NUMBER AND TITLE 6 SERVICE CODES AND DESCRIPTIONS | | PAGE 6-3 |
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602 Service Codes and Descriptions

Service

Code Modifier Service Description

Therapist Services

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| 97799 | GP | Unlisted physical medicine/rehabilitation service or procedure, services delivered under an outpatient physical therapy plan of care (each 15 minutes, maximum six units per visit) (use to bill for treatment provided by a physical therapist) |
| 97799 | GO | Unlisted physical medicine/rehabilitation service or procedure, services delivered under an outpatient occupational therapy plan of care (each 15 minutes, maximum six units per visit) (use to bill for treatment provided by an occupational therapist) |
| 92507 | | Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual (each 15 minutes, maximum of six units) (use to bill for treatment provided by a speech therapist) |
| 97150 | GP | Therapeutic procedure(s), group (two or more individuals), services delivered under an outpatient physical therapy plan of care (each 15 minutes, maximum four units per visit) (use to bill for group physical therapy session) |
| 97150 | GO | Therapeutic procedure(s), group (two or more individuals), services delivered under an outpatient occupational therapy plan of care (each 15 minutes, maximum four units per visit) (use to bill for group occupational therapy session) |
| 92508 | | Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); group, two or more individuals (each 15 minutes, maximum four units per visit) (use to bill for group speech therapy session) |
| 97001 | | Physical therapy evaluation (per hour, maximum two hours) (use to bill for adult evaluation by physical therapist) |
| 97003 | | Occupational therapy evaluation (per hour, maximum two hours) (use to bill for adult evaluation by occupational therapist) |
| 92506 | | Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status (per hour, maximum three hours) (use to bill for adult evaluation by speech therapist) |
| 97001 | HA | Physical therapy evaluation, child/adolescent program (per hour, maximum three hours) (use to bill for pediatric (age 21 and younger) evaluation by physical therapist) |
| 97003 | HA | Occupational therapy evaluation, child/adolescent program (per hour, maximum three hours) (use to bill for pediatric (age 21 and younger) evaluation by occupational therapist) |
| 92506 | HA | Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status, child/adolescent program (per hour, maximum four hours) (use to bill for pediatric (age 21 and younger) evaluation by speech therapist) |

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603 Service Codes and Descriptions (cont.)

Service

Code Modifier Service Description

Physician Services

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| 99203 | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: <ul style="list-style-type: none"> - a detailed history; - a detailed examination; and - medical decision making of low complexity |
| 99205 | Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components (written report required): <ul style="list-style-type: none"> - a comprehensive history; - a comprehensive examination; and - medical decision making of high complexity |
| 99212 | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: <ul style="list-style-type: none"> - a problem-focused history; - a problem-focused examination; - straightforward medical decision making |
| 99214 | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components (written report required): <ul style="list-style-type: none"> - a detailed history; - a detailed examination; - medical decision making of moderate complexity |
| 99215 | Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components (written report required): <ul style="list-style-type: none"> - a comprehensive history; - a comprehensive examination; - medical decision making of high complexity |

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